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 (Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/534,064	10/11/2005	Ingo Kalliske	076326-0303	3373

ITLE OF INVENTION: HINGE FOR CONNECTING A HOOD, ESPECIALLY AN ENGINE HOOD, TO A VEHICLE BODY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1510	\$300	\$0 94/16/2999	\$1810 SMOHAMM1 00000022 1	05/11/2009 9534964	
EXAMINER ART UNIT			CLASS-SUBCLASS	07/10/100/	AUDUMNIT GOODOELL I	רטטדטטט.	
AMORES,	KAREN J	3616	180-069240	01 FC:1501 02 FC:1504		1510.00 OP 300.00 OP	
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FR 1.363).  Change of corresp	ondence address (or Cha	nge of Correspondence	(1) the names of up to or agents OR, alternative	3 registered patent attorr	neys 1 FOLEY 8	LARDNER LLI	
Address form PTO/SI	•		(2) the name of a single firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
. ASSIGNEE NAME A	ND RESIDENCE DATA		I	· ·			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	TRY)	)	
TAKATA-PET	RI AG		Aschaffenb	ourg, GERMAN	Y	**	
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corporat	ion or other private grou	p entity Government	
a. The following fee(s)	are submitted:	41	o. Payment of Fec(s): (Plea	se first reapply any prev	viously paid issue fee sh	iown above)	
Losue Fee			A check is enclosed.		•	•	
/	o small entity discount	permitted)	Dayment by credit car	d. Form PTO-2038 is atta	ached.		
Advance Order -	# of Copies		The Director is hereby overpayment, to Depo	authorized to charge the sit Account Number 19	required fee(s), any defi -0741 (enclose an	ciency, or credit any extra copy of this form).	
. Change in Entity Sta	tus (from status indicate	d above)					
a. Applicant claim	s SMALL ENTITY state	is. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL EN	TITY status. See 37 CFF	₹ 1.27(g)(2).	
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Authorized Signature	MATThou	Kuen	<u></u>	Date 4/13	12009		
Typed or printed nam	Howard N.	Shipley /	ATTHEW J. KREN	18 Registration No.	39,370	58,671	

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